## WORKPLACE VIOLENCE INCIDENT REPORT

**DEPARTMENT/OFFICE:**

**DIVISION/COLLEGE:**

**DATE OF INCIDENT:**

### TYPE OF INCIDENT: (Check one or more)

#### THREAT
- [ ] Communicated directly to victim
- [ ] Communicated to another person
- [ ] Note
- [ ] Other (specify) ________________________________

#### INTIMIDATION
- [ ] Stalking
- [ ] Engaging in actions intended to frighten, coerce, or induce duress
- [ ] Other (specify) ________________________________

#### PHYSICAL ATTACK
- [ ] Hitting, fighting, pushing, or shoving
- [ ] Use of object as weapon
- [ ] Use of weapon such as gun or knife
- [ ] Other (specify) ________________________________

#### PROPERTY DAMAGE
- [ ] Damage to University property
- [ ] Damage to personal property
- [ ] Other (specify) ________________________________

### VICTIM(S) INFORMATION: (Use numbers in this section)

**Total Number of Victims**

If victim(s) sustained physical or traumatic/emotional injury, indicate the number of victims in each of the following categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Injury</td>
<td></td>
</tr>
<tr>
<td>Medical Care Required</td>
<td></td>
</tr>
<tr>
<td>Workers’ Compensation Claim(s) Filed</td>
<td></td>
</tr>
<tr>
<td>Trauma/Emotional Injury</td>
<td></td>
</tr>
<tr>
<td>EAP/Psychological Care Provided</td>
<td></td>
</tr>
<tr>
<td>Attended Trauma Debriefing</td>
<td></td>
</tr>
</tbody>
</table>
WORKPLACE VIOLENCE INCIDENT REPORT
(Continued 2 of 3)

VICTIM(S) INFORMATION CONTINUED: (Indicate the number of victims in each category)

<table>
<thead>
<tr>
<th>SEX</th>
<th>RACE</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>18-21</td>
</tr>
<tr>
<td>Female</td>
<td>Black</td>
<td>22-29</td>
</tr>
<tr>
<td>Native American</td>
<td></td>
<td>30-39</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>40-55</td>
</tr>
<tr>
<td>Asian American</td>
<td></td>
<td>Over 55</td>
</tr>
</tbody>
</table>

PERPETRATOR INFORMATION: (If known) ____________________________________________

(Name)

☐ Employee ☐ Spouse/Family Member ☐ Stranger
☐ Supervisor ☐ Customer/Client ☐ Former Employee

SEX:
☐ Male
☐ Female

RACE:
☐ White
☐ Black
☐ Native American
☐ Hispanic
☐ Asian American

AGE:
☐ 18-21
☐ 22-29
☐ 30-39
☐ 40-55
☐ Over 55

IF PERPETRATOR WAS AN EMPLOYEE, SUPERVISOR, OR FORMER EMPLOYEE, COMPLETE THE FOLLOWING:

EMPLOYMENT CATEGORY:
☐ Official or Administrator
☐ Faculty
☐ Other Professional
☐ Technician or Technologist
☐ Administrative Support
☐ Service or maintenance
☐ Skilled craftsman
☐ Law Enforcement, Firefighter, Police or Guard

LENGTH OF EMPLOYMENT:
☐ Less than 1 year
☐ 1 – 5 years
☐ 5 – 10 years
☐ 10 – 15 years
☐ 15 – 20 years
☐ 20+ years

Have other incidents been reported regarding this perpetrator? ☐ Yes ☐ No ☐ Unknown
If so, how many? _____________
REASON FOR INCIDENT: (If known, check all that apply)

☐ Conflict with co-worker(s)  ☐ Alcohol/drugs in the workplace
☐ Conflict with supervisor     ☐ Mental health problems
☐ Family/domestic dispute     ☐ Reduction in force
☐ Receiving a poor performance appraisal  ☐ Dismissal
☐ Receiving disciplinary action  ☐ Racial tension
☐ Other __________________________

INITIAL RESPONSE: (Check all that apply)

☐ Situation defused  ☐ Crisis Management Team notified
☐ Security called   ☐ EAP consulted
☐ Police called     ☐ Other __________________________
☐ Employee placed on leave with pay pending investigation completion

ACTION TAKEN: (Check all that apply)

☐ Written warning  ☐ Dismissal
☐ Suspension       ☐ Restraining Order
☐ Transferred employee  ☐ Charges filed
☐ Mediation        ☐ No action taken
☐ Other action taken (specify) __________________________________________

REPORT SUBMITTED BY:

NAME: ____________________________________________________________

TITLE: _____________________________________________________________

TELEPHONE: ___________________________ DATE: ________________